

UT Health San Antonio

NOTICE FOR VOLUNTARY DISCLOSURE OF SOCIAL SECURITY NUMBER

Disclosure of your social security number ("SSN") is requested from you in order for UT Health San Antonio to [state intended use of SSN]. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in [state what may happen if the individual fails to provide SSN].

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information UT Health San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Health San Antonio correct information about you that is held by UT Health San Antonio and is incorrect. The information that UT Health San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Any questions on how your SSN may be used; contact the Office of Regulatory Affairs & Compliance at 210-567-2014.

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NOTE: A "consent" for the release of a social security number should be added to the disclosure if the social security number is not required by federal or state law for disclosures, and will be disclosed external to the institution. This consent is not required for internal forms or use.

CONSENT FOR RELEASE

I consent for the release of my SSN for the stated purpose above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_